

L11000004009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

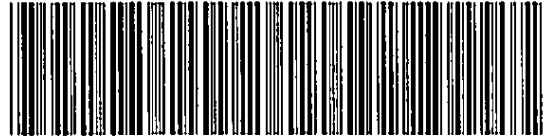
(Business Entity Name)

(Document Number)

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NOV 03 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOVILWAY LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

AUGUSTO DELLO STROLOGO

Name of Person

MOVILWAY LLC

Firm/Company

20803 BISCAYNE BOULEVARD UNIT 503

Address

AVENTURA FL 33180

City/State and Zip Code

legal@movilway.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AUGUSTO DELLO STROLOGO at (305) 4093271
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: MOVILWAY LLC
2. (a) 20803 BISCAYNE BOULEVARD
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
SUITE 503
AVENTURA, FL 33180
- (b) 20803 BISCAYNE BOULEVARD
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
SUITE 503
AVENTURA FL 33180
3. 01/10/2011 Date of filing/registration in Florida
4. L11000004009 Document number

5. (a) GUEITS, JAMES P
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

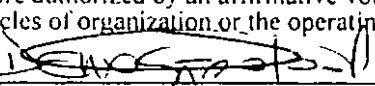
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
201 SOUTH BISCAYNE BOULEVAR 22nd FLOOR
MIAMI, FL 33131

- (b) ALONSO & GARCIA PA
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
5805 BLUE LAGOON DR SUITE 200
MIAMI, FL 33126

2017 NOV - 2 09:10:28

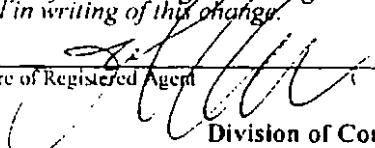
the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

AUGUSTO DELLO STROLOGO

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00